

UNITED STATES ARMY CHAPLAIN SCHOOL

THE AWOL SYNDROME

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### THE AWOL SYNDROME

An essay in support of a new manual for using the Taylor-Johnson Temperament Analysis in the early identification and counseling of AWOLs with indications for possible parallel uses in the civilian parish, including a survey of current military use.

## THE AWOL SYNDROME MANUAL

Why would a Presbyterian Minister become interested in the Army's problem of men going "absent without leave" (AWOL)? Why would an Army Chaplain voluntarily spend hundreds of hours over four years to develop a psychometric device that would indicate which men might go AWOL or get into serious trouble? How could a Chaplain help discover these emotionally troubled men when he is supposed to be their pastor?

The purpose of this story is to illustrate how the involvement of a Presbyterian Army Chaplain in the lives of his men and in the problems of his fellow staff officers led to the creation of a psychometric device that helped to keep many men out of trouble, increased the counseling load of the unit Chaplains and secured additional professional recognition for the capabilities of the Chaplains.

The story begins in the fall of 1967 at Fort Bliss, Texas, where the author was assigned to the Eighth Battalion (HAWK), Seventh Artillery. The Army was having an increasingly difficult task dealing with the continuously rising AWOL rate. The war in Vietnam and the disintegration of former concepts of patriotism, law and order and duty seemed to have encouraged men to leave the service rather than serve their two year obligation, adjusting their lives to the Army program and way of life. Large numbers of men would leave almost immediately after arriving at their training post because of just ordinary homesickness, shock at being sent some distance from home and immediately expected to

become a responsible man, a girl friend breaking their relationship just prior to his leaving, parents ill, wife and children not able to cope with his sudden cut in salary and the six week delay in her allotment check, or wrong information given to him (or misunderstood by him) at the training post. Though there are many agencies to help him with his problems, he often does not understand the procedures or is just too upset to seek help. The very young man is in such a position of turmoil, pressure and anxiety that he leaves without permission.

The Chaplain cannot help but become involved when so many young men begin their service obligation with such anxiety that drives them into AWOL and gets them into serious trouble. Chaplains have counseled with many men and helped them solve their problems so that they did not go AWOL, but all too often the Chaplain's first visit with the man is after he has returned and has been given punishment. If the man goes AWOL again or stays away too long the first time, he may receive a court martial, which is a federal conviction. It is a frustrating job to try to do counseling after the harm has been done, therefore the author decided to try and get involved before the AWOL occurred.

Chaplain (MAJ) Dallas C. Banks invited the author to join a unique experiment in group therapy with AWOLs in the Fort Bliss Correction Facility (the stockade) where we sought to find some of the reasons a man goes AWOL, help him return to his unit without going AWOL again, and, perhaps, learn ways to keep other men from getting into trouble via the AWOL route.

Our group sessions were open ended, weekly one-and-a-half hour sessions with 12-18 men and two Chaplains as co-therapists. It was an

informal, gut-level encounter-type group and the sessions were often loud and emotional. Through our refusal to be shocked or to react, and through our care and concern for the men represented especially in time consuming visits with unit commanders, Red Cross, doctors and other agencies, the AWOLs began to respond to treatment and the high incidence of repetitive AWOLs rapidly declined until we could say that a man who participated in our group sessions had above a ninety percent chance of not going AWOL again. The Chaplains, as well as many commanders and most of the AWOLs, felt that this was time well spent in helping men avoid further trouble in their lives through behavior modification (voluntary) and through gaining more self-esteem. On a theological level, this is love in action aiding another child of God to learn to respect himself and to respond to pressure in more loving and responsible ways.

During the time of the group sessions, Chaplain (LTC) Robert Young had helped me obtain the Taylor-Johnson Temperament Analysis for use in my unit in marriage counseling and for use in the stockade. Chaplains normally refer persons needing psychometric testing and evaluation to the mental hygiene clinics. However, many of us are qualified to use psychometric instruments for premarital counseling (the SKI) or marital counseling (T-JTA and others) or individual counseling (Interpersonal Checklist) when there is no indication of psychiatric problems. Therefore, I decided to use the Taylor-Johnson Temperament Analysis, to see if the AWOLs had common problems that might be readily identified in the T-JTA graph. The AWOLs were given the test and others who

were not AWOLs were also given the test. To the amazement of the Chaplains, the AWOLs showed six distinct common "traits" and could be identified by simply looking at the graphed results of the T-JTA. The AWOLs scored very high on "traits" called: nervous, depressive, quiet, inhibited, hostile and impulsive. Translated, this meant that the average AWOL was nervous and upset about something, depressed because of his feeling that he could not do anything about it in the Army, quiet and unable to talk about his problems, inhibited in making friends and finding means of releasing his tension, hostile because he resented his circumstances and those who seemed to stand between him and the solution of his problems, and impulsive enough either to run away in order to deal personally with his problem, or to hit a superior who stood in his way, or to join others who suggest some manner of leaving the post. Those who were not in the stockade for AWOL offenses deviated significantly from these categories. In fact, one prisoner who we thought to be an AWOL did not show up as an AWOL on the T-JTA, but, upon asking him about his AWOL, he explained that he was AWOL only incidentally to another more serious offense and had luckily been tried for the lesser one!

The author requested and received permission from his unit commander, LTC Kenneth H. Boll, to administer the T-JTA to every man reporting for duty in that unit. Immediately the Chaplain's counseling load increased because of the problems discovered through the use of the instrument. Men who had volunteered no problem at all upon reporting for duty would sit down and discuss their problems readily (even with relief) when confronted with their unusual scores on the instrument. With a higher percentage of men with problems being identified and coming in

for counseling, the unit AWOL rate dropped dramatically and then the unit went four months without an AWOL. This meant, from the Chaplain's point of view, that no man went to the stockade, no family had its allotment curtailed, no family was humiliated by finding out their son was in the stockade or had been fined, no man compounded his problems by adding a bad mark to his unit and men began voluntarily to seek help from the Chaplain and others instead of going AWOL.

This kind of help from the Chaplain not only helps the unit and raises his status among his professional peers, but more importantly it translates his preaching about Christian love into immediate local action. More men became interested in other things that the Chaplain did because of this personal interest in their lives. Often this avenue led to meaningful discussions about the Christian life, the Christian in the military service and the Christian and his life work after his service obligation would be completed.

The author spent one year in Vietnam, during which no further work was done on the T-JTA. Then, during his next year at Fort Polk, Louisiana, Chaplain (LTC) Luther R. McCullin helped get permission from the Brigade Commander and the Post Commander to try a controlled experiment with a company of infantry trainees (200 men). One company would administer the T-JTA to every new trainee as soon as he arrived in the company area, score the instrument, identify the men who were identified by the T-JTA as AWOL possibilities and counsel these men immediately. A control group was provided by a sister company which also administered the test in the same manner, then sent the tests to the author without identifying any of their possible AWOLs. They

continued to use their usual means of identifying their AWOL potentials.

The first company identified twenty-seven men as potential AWOLs and counseled them immediately. Nine of the problems were quite serious ranging from a man with extreme anxiety over an approaching marriage (confused by his induction into the service) to a man who found out the week before that his Father was going blind in only a few months after the boy's Mother died, to a man with a mentally unstable wife who lost her home and had no place to go while he was in the training area.

The control company produced seventeen "problem profiles", ranging from simple depression to a wife ill and due to have a baby that week, to a man who believed sincerely that he would go to hell if he kills anyone. This control company only identified three of these "problem profile men" and none of the remaining fourteen men came in for counseling!

The Chaplain's contact with men in the first company was almost fifteen percent of the total, while only about two percent of the control company. The first company might be an example of the Chaplain taking the initiative or of the Chaplain "getting where the action is"; the control company would produce prisoners and punished men for the Chaplain to see. It should be obvious that the Chaplain who takes the initiative in seeking out men who need counseling is showing more genuine Christian concern for people than the Chaplain who waits for counseling cases to come to his office.

After the successful completing of the company size experiment, permission was given to try a battalion size experiment (803 men in the test unit and almost 3,500 who shared identical circumstances in the



same brigade but who did not take the T-TJA). The test produced eighty-nine men who were identified as having serious problems (ten percent of the total tested). Sixty-seven of these men volunteered information of serious personal problems and twenty-nine said that they would have gone AWOL if they had not been counseled as a result of the testing procedure. The test battalion maintained a twenty-five to forty percent lower AWOL rate than their sister battalions. To the Chaplain, this meant twenty-nine men definitely saved from serious difficulties and sixty-seven men with serious problems had been counseled and helped to live a better life. The entire unit knew that their problems were given serious consideration and that the Chaplain was vitally interested in their welfare.

Those who are interested in the materials used for the experiments are referred to the AWOL SYNDROME: A MANUAL FOR USE WITH THE TAYLOR JOHNSON TEMPERAMENT ANALYSIS (James C. Berbiglia, author; copyright by Psychological Publications, 5300 Hollywood Blvd., Los Angeles, CA). The testing programs, instructions to the commanders, material to be read to the trainees and materials to help those administering the test allowed the author to get deeply involved with staff members of the various units. This involvement produced a significant amount of counseling among the cadre and innumerable discussions about care for people as human beings.

The AWOL SYNDROME had now been tried post-wide at Fort Polk and is being introduced at various other posts in training units. It has been sent to Army and Navy Chaplains for their use and evaluation. Chaplain (CPT) Delton Collins of Fort Benning has used this study to create his own variation which identifies potential stockade escapees,

suicides and drug abusers. The Chaplains' interest in potential suicides and drug abusers needs no justification!

This study, though it seemed unusual and even out of character for a minister, has increased the efficiency of the Chaplains in their task of extending the healing hand of Christ to those with serious problems. The Chaplain has one more tool in his workshop and one more area in which he can bring his influence to bear.

But what does this mean to the average parish minister who has no contact with AWOLs? From a broad, general point of view, this study might suggest that some ministers administer the Taylor-Johnson Temperament Analysis to his congregation and study the results to ascertain any correlation between people who need his pastoral services and their pattern of scoring on the T-JTA. He might find numbers of problems that call for his taking the initiative and doing some preventive pastoral care.

The results of this test, given to an entire Church congregation and followed up for a year or more, might establish some useful norms for recognizing where preventive pastoral care is needed. For instance, the AWOL Syndrome has already proven its worth in indicating which men have problems of the nature to cause them to run away from pressure situations. In the parish, I believe these would be a high correlation between high scores on the AWOL Syndrome and men running away from their marriage problems (through leaving the family, divorce, infidelity or even alcoholism). It is the emotional instability and the tendency to escape pressure by acting impulsively that the instrument measures,

and these run away husbands might show a common pattern in test results. A pastor committed to aggressive counseling might move into a situation before tragedy results.

Since the instrument measures the tendency to act impulsively, perhaps it would help identify children who run away from their families, presently a considerable national problem. Chaplain Delton Collins of Fort Benning has established a pattern in drug abusers, stockade escapees and suicide potentials in a group of young soldiers. These are all escapist. Would there be any significant difference in members of the congregation who have suicide ideation, young people who are trying narcotics or "pot" as an escape from pressure? A year's study here would tend to produce exciting statistics and possibly a program including testing, identification, and preventive pastoral care while the problem is still open to acceptable solution.

The T-JTA has been a valuable pre-marital tool for pastors for almost thirty years, but I know of no congregation where every prospective couple is given the T-JTA and records kept. This would be another possibly productive study for a pastor who married large numbers of couples each year. The study might include testing, evaluation and counseling for every couple to be married during three to five years in two paired Churches (similar in size, location and ministry). One Church would use the test results in pre-marital counseling, the other Church would not even see the results of the test. Careful but simple records would be kept on all of the couples, and at the end of the three to five year period, marital records would be matched against the test results.

To be effective as an indicator, the T-JTA would have to have a high correlation between its AWOL Syndrome and couples who had serious marriage difficulty and/or divorce. Such a program might result in more standardized programs of pre-marital counseling throughout an entire denomination. There is already sufficient proof to indicate the test is sensitive to men who are likely to react impulsively to pressure situations in some manner of flight or withdrawal -- precisely the same damaging reactions that result in so many marital difficulties.

Another Chaplain in San Diego became interested in the AWOL Syndrome and administered it to a large number of Navy men in advanced training. From these trainees, the Navy had to choose its candidates for non-commissioned officer leadership. The Chaplain used the AWOL Syndrome to eliminate a large number of men who might tend to react impulsively under pressure, then he used the men with the lowest (or "best") scores on the test as possible candidates for leadership positions. His methods of selection of leadership candidates proved to be better than the previous Navy system at that base and the "reversed" AWOL Syndrome test became the primary instrument for selecting these junior leaders. Why wouldn't this system, with certain modifications, be used to indicate which men might be better Church officers than others? Our present system of selecting Church leadership is almost a random choice based on many variables and heavily weighted by social position, wealth and personality. Why not try and develop some instrument which would at least eliminate the most unstable and impulsive of these candidates and which might even be used to pre-select a "pool" of

candidates who indicate stable leadership qualities? Using the instrument over a significantly large number of Churches and then comparing the statistics with the officers actually chosen by the usual process would indicate whether or not an instrument such as the AWOL Syndrome (modified) would be useful in selecting leaders who might better perform their duties. Lest someone fear that this test could be used to select "establishment oriented" officers, I would point out that the test would simply help eliminate those men who would provide the officers who neglect their tasks, resign in anger when pressure or crisis occurs, or continually counsel withdrawal and retreat as a Church policy. This program of testing would tend to select officers who would be more active and less influenced by pressures and crises.

A rich harvest of information could be gathered from multi-year project in which every new member of the Church would be given the T-JTA and the results compared with numerous variables over the test period, say three years. Correlations could be measured between results of the testing and stability of family life, activity in the Church, selection as leaders in the Church, divorce or other serious marital problems, "run away" children, drug abuse and/or the use of the church counseling service. One could expect to ascertain little or no correlation in some areas but positive correlation in only one or two categories would be invaluable if it could be standardized and used in an entire denomination!

Though there is a large body of statistics on the psychological testing of candidates for the ministry, ministerial students and ministers, no reports on psychological testing of congregations or of church officers

could be found (with the exception of simple questionnaires concerning sermon topics or general Christian beliefs). This seems to be a rich field for future testing and evaluation.

Preventive pastoral care might be understood as moving the pastor from a defensive or emergency position to an offensive position. Traditionally a counselor waits until a person comes to him for counseling. The counselor and client then enter into a contract to enable the client to regain his initiative in the conflict and solve his own problem. This approach has always insisted that the counselor wait until the client contacts him and then patiently listen until the client, perhaps after several visits, decides to divulge his problem. This puts the client in control of the situation until after the crisis develops and, usually, for some time after the crisis until he finally decides to seek professional help.

Are there any pastoral counselors unfamiliar with the situation of the young couple who come to the pastor with the comment, "Pastor, Jane and I have decided to get a divorce after this last year of hell together and we wanted to stop in to talk to you before we see the lawyer." Are there many pastors who counsel with more teenagers before they are in serious trouble than after? Do you know any pastors who are not aware of potentially disastrous situations developing in facilities in their congregations?

Then why must a counselor wait until the damage is done to enter the counseling situation? The sensitive, trained counselor can develop a new modus vivendi that will involve him in the situation in time to

prevent or at least ameliorate the damage to the persons involved. Though many counselors will object to this kind of beginning of the counseling relationship before the crisis develops, a very good case can be built for the fact that the pastor is in a unique position among counselors and that he can successfully do preventive pastoral care.

First, the pastor is known in the family. He is not a stranger. He is not tainted with the label "shrink" or "meddling social worker". He is known either through preaching, teaching, social contact, the first visit he made after the person joined the Church or a combination of these. Perhaps that is why more people in trouble initially contact a pastor than all of the other counseling services combined. He is not seen as a threat or an intruder.

Secondly, he is normally an occasional visitor in the family. Families still expect to have the pastor visit them at home, in the office, on the job or in the hospital. He has an entre that other counselors do not.

Thirdly, people know that he has had training in counseling and they often know what his specialties or strong points are. His credentials are usually established with his own congregation through their knowledge of his background and schooling, his recent training experiences, the manner of his preaching, the general talk about his being a good counselor and the common protestant Churchman's assumption that one of his pastor's jobs is to counsel people.

Fourthly, the people expect the pastor to point out problem areas and comment on them from his point of view as an expert in Bible, theology, and ethics. Though the people may not agree with him and might even become angry with his "stirring up problems", still they expect him to be more sensitive than others to the problems of people and society.

Therefore, this pastor who is known to the family, expected as an occasional visitor, acknowledged as a professional counselor and expected to seek out problem areas is, indeed, in a unique position as a counselor. He does not have to wait for the client to come to him. He does not have to be invited into the family. He does not have to "prove" himself or establish a rationale for his entering into problem areas. These are part of his vocation as pastor!

In 1963, the author, frustrated by the number of crisis intervention situations the pastors of his large Presbyterian Church were involved in, decided to begin taking more initiative in beginning counseling relationships as he visited in the homes of his members. Very cautiously the pastor interrupted a young housewife during a house visit to ask, "Mary, you seem so nervous today -- are you really happy in your marriage?" There was a shocked silence, then a sign of relief and a long story of simple misunderstandings that were beginning to build barriers between herself and her husband. She agreed to bring her husband with her to a counseling session and their minor communication problems never developed into damaging patterns.

In 1965, after taking more of a initiative in setting up counseling cases, the pastor found that a couple he had known socially for three



years had been so unhappy that the husband and wife avoided each other except in public. The pastor's approach to the wife was simple and direct: "Dottie, what's wrong with you and Marty?" Dottie cried for half an hour and described a degenerating marriage situation with her involvement with her Mother and her husband's growing coldness toward her. She had discovered some of the problems but nothing seemed to help. The pastor went to lunch the next day with Marty and told him that he knew they were having problems in the marriage and that he was available if they wanted a third party to help them talk it out. Marty was embarrassed and denied any problem existed except some Mother-in-law problems. The next week the pastor asked a mutual friend to invite him and Marty to lunch with him. After a friendly, relaxed lunch, the pastor asked Marty for a ride to the church. At the Church, Marty stopped joking and asked if the pastor had time to talk to him, "since I know you are interested in our marriage." The case developed into a year's work involving a serious triangle of which the wife was not aware. In 1972, the couple is happy, located in another city and very grateful to a pastor who tried preventive pastoral care.

Preventive pastoral care assumes that most people who are beginning to experience personal or interpersonal problems want help but, due to complex psycho-social pressures, procrastinate in seeking help. Many clients later describe their experience as one of dreading both the impending crisis and the risk of seeking help, while hoping that someone would appear to solve the problem. In other words, people in trouble wish someone could help but they don't want to risk asking for help.

Preventive pastoral care operates on the hypothesis that better counseling can be done when the odds still favor a happy solution. A problem in marriage is easier to deal with when the problems are still developing rather than when the crisis has come and the couple has made damaging charges and perhaps even begun legal actions against each other. In the example above, if Marty and Dottie had been approached much earlier by the former minister when it was obvious that Dottie was a spoiled girl spending too much time with her Mother in social climbing, then Marty might not have been involved in a triangle affair and numerous people would have been spared years of anguish and anxiety.

Preventive pastoral care is different from other styles of counseling only in its timing and its decision enter potential counseling cases before a crisis has developed. It is not a separate style of counseling and continues to preserve all of the counseling options for the pastor's personal choice. Even if the pastor chooses to use an extreme form of non-directive counseling, preventive pastoral care simply confronts the potential situation and makes the pastor's services available. If the case develops and the clients come in for counseling (or if they begin talking at the moment of confrontation), the pastor still has the option of returning to his counseling method-of-choice.

Preventive pastoral care is the combination of the pastor's role as a unique type of counselor, the decision to attempt to enter counseling cases while the odds are still highly in favor of a healthy solution, and the pastor's usual counseling style.

Chaplains, parish ministers and clergy of all types must begin to do more preventive pastoral care, seeking out the client who will not come to the counselor until it is too late for preventive care. This testing, using the AWOL SYNDROME MANUAL of the TAYLOR-JOHNSON TEMPERAMENT ANALYSIS, is just one example of a clergyman trying to be a better, more effective, more professional, and better skilled counselor and pastor. The future of the Church and the clergyman's place in the healing professions will certainly be affected by the success or failure of the clergyman in finding new avenues and better methods of early identification of and ministering to the person in need of counseling.

Pastors who might be interested in pursuing other methods of preventive pastoral care might consider some of the following:

1. The use of the T-JTA in congregations;
2. The use of questionnaires concerning marital happiness, family stability, teen-age needs, response to sermons;
3. The addition of a staff member with a speciality in psychological testing and offer this program at reduced prices to the members of his congregation with referral service;
4. The organization of small groups in the Church which would encourage people to open up and share their problems in a highly supportive group;
5. A network of lay counselors who refer some cases to him and who use the pastor as a counseling resource;
6. Regular examination of the giving records of the congregation to look for unusual patterns that might indicate the loss of a job, gambling losses, over-extension of funds;
7. Contact with the local police and with bartenders in his area that might provide timely suggestions before trouble starts.

## APPENDIX I

### A REPORT ON NINE AWOL SYNDROME EXPERIMENTS

This report utilizes data from nine military posts which are currently using the T-JTA AWOL SYNDROME in experimental programs. The nine posts are: Fort Benning, Fort Leonard Wood, Fort Carson, Camp LeJuene, Fort Sill, Fort Bliss, Fort Ord, Fort Lee, Keesler Air Force Base and Pope Air Force Base. More than forty individuals, units and installations in the United States, Europe and the Far East are experimenting with the AWOL SYNDROME. Questionnaires were returned with complete information from the nine listed above, yielding the following information:

Number of men tested to date.....	60,014
Number of men identified by the test.....	8,526
Number of men who went AWOL after being identified.....	385
Number of men who went AWOL after not being identified...	986

The AWOL SYNDROME identified as possible AWOLs twelve and a half percent (12½%) of the total number of men tested. The AWOL rate for these units was 2.3% or 23 men per thousand. Only 0.7% of those identified by the test and counseled went AWOL, but 1.6% of those not identified by the test went AWOL.

These posts averaged nine months of testing before reporting. Seven posts administered the test within the first week. Two posts used the test during the first twenty four hours, although the instructions

called for immediate testing.

The average time lapse between testing and counseling is two days, with another day's delay in referral of identified soldiers.

Results of the programs were reported as follows:

AWOLs dropped significantly .....	3 posts
Counseling cases rose significantly .....	6 posts
Interest and morale rose .....	4 posts
Better relationship between unit and new men .....	5 posts
Better relations between chaplains and commanders .....	5 posts
Unit staff likes the program .....	7 posts
Unit staff dislikes the program .....	2 posts
Chaplains like the program .....	9 posts
Chaplains dislike the program .....	0 posts
Significant number of other problems identified .....	6 posts

Four other studies have been published because of the T-JTA AWOL SYNDROME: The Drug Syndrome - The Suicide Syndrome, CH (CPT) Denton Collins, Fort Benning, Georgia (1972); The Taylor-Johnson Temperament Analysis "AWOL SYNDROME": A Further Analysis, USACTF, Fort Riley, Kansas (1972); Predictions and Self-Fulfilling Prophecies of Army Discipline (1973); and, Identification and Evaluation of the Potential AWOL Soldier by Means of Testing and Interview, CH (CPT) Tracey A. Maness, Fort Bragg, N.C. (1973).

In addition to these studies, the Army Research Institute (1300 Wilson Blvd., Arlington, Va. 22209) has published and is testing a program designated BOQ-72, which was designed to predict discipline problems by using twenty-five background experience questions.

#### PROBLEMS LISTED

Every post reported problems in grading the tests and in keeping good records. The high resistance of unit commanders and NCOs to this

additional administrative burden initially contributed to poor administration of the testing. Better training of personnel administering the tests is needed, and corrections are being made at most posts. Fort Bliss has begun a computerized testing and grading program which eliminates almost all scoring errors and provides a complete print-out of each profile immediately.

Three posts reported problems in understanding the question booklet. A simplified version (Form SO and a Spanish version are now available.

Some posts have reported difficulty in confidentiality because the "trait" name was printed on scoring templates. A special packet of military scoring templates without "trait" names is now available. Also, all posts are instituting certain precautions to prevent any breach of confidentiality. A system of using numbers and checks that are meaningless to anyone except those professionals with access to the confidential key is now being used. The chaplain and qualified counselors from mental hygiene are the only ones allowed to use the key and/or to use the key to make a personality graph of the raw scores.

Only two thirds of the chaplains involved in testing were qualified to interpret the personality graphs, limiting their use of the information. Many chaplains have now been trained in the use of the T-JTA and the U.S. Army Chaplain School is now teaching it to students of the Chaplain Advanced Course.

## SUMMARY

Many posts are in the process of experimenting with the use of the T-JTA AWOL SYNDROME. Nine of these posts responded to a questionnaire with useful, complete information. These nine posts have experienced varying degrees of reduction in the AWOL rate, but all have reported beneficial effects ranging from increased morale to prevention of suicides and escapees from the post correctional facility.

In all cases reported to date, including these nine posts, the following benefits have accrued to the users:

1. Reduced AWOL rate;
2. Increased appreciation of the work of the chaplains;
3. Increases of more than 300% of the chaplain's counseling cases.

Detriments have included:

1. Inaccurate scoring;
2. Resistance to additional workload caused by the test;
3. Lack of personnel trained to fully interpret the test results;
4. Complexity of the test (180 questions).

Development of better test methods, scoring machinery and training of personnel have eliminated these detriments.

## NEGATIVE RESULTS AT THE ARMY RESEARCH INSTITUTE

The Army Research Institute prepared a background experience test, BOQ-72, with the T-JTA AWOL SYNDROME in a six month experiment conducted at

Fort Polk and Fort Knox, using 5,333 soldiers in basic training. One-third of the men were treated by the T-JTA, one-third by a similar strategy, but using the simple BOQ-72, and one-third being used as a control group.

The results showed:

1. That both tests predicted discipline problems better than blind prediction alone;
2. That both BOQ-72 and the T-JTA tended to be somewhat counter-productive because identification of soldiers as risks produced self-fulfilling prophecies.

The criticisms listed in "Predictions and Self-Fulfilling Prophecies of Army Discipline" are that both tests tend to activate self-fulfilling prophecies. Men identified as possible risks tended to fulfill the risk expectation. The BOQ-72 was said to be more predictive than the T-JTA in relations to future discipline problems. However, this experiment limited the number of cases scored and counseled, while the T-JTA success was predicated upon identifying a large number (average 15-18%) of men and increasing the face-to-face counseling program. The T-JTA program identifies more men, therefore increases personal contact between the soldiers with problems and their commanders, chaplains and other professionals who might help them. Using only a small proportion of the men tested for the experiment would produce better results for the shorter, simpler BOQ-72.

The T-JTA, in addition to predictive values, provides a graph of nine "traits" which can provide additional aid in the counseling process,



while the BOQ-72 is only predictive. It is of little value in preparing a temperament or personality profile of the soldier.

The background experience questionnaire rests upon the assumption that past behavior is highly predictive. It is based upon a highly deterministic psychology. It's recent experimental use with limited numbers of troops in the unusual time during which the Army changed from the draft to the Modern Volunteer Army concept must be compared with the years of use and the more than seventy five thousand soldiers tested by the T-JTA AWOL SYNDROME.

Finally, the BOQ-72 is designed to detect men who have had previous difficulties, but it does not detect the men who have experienced recent traumatic events which often lead to irresponsible action.

### CONCLUSIONS

The T-JTA AWOL SYNDROME has been standardized by more than seventy five thousand tests and has been improved by reports from the field. The BOQ-72 is relatively new, though it is more economical and simpler. The T-JTA provides more information for the trained counselor, while the BOQ-72 provides faster information for a single use of predicting discipline problems.

Comparisons of the BOQ-72 and the T-JTA by the Army Research Institute tend to favor the BOQ-72 by its procedure and assumptions.

Further comparisons should be made by independent researchers using large numbers of men and using each test for its own specific values before final conclusions are drawn.